

**National Museum of the American Sailor
Volunteer Application Form**

Please complete this application form if you are interested in becoming a
National Museum of the American Sailor volunteer. Please mail or email completed forms to:

National Museum of the American Sailor
2531 Sheridan Road
Great Lakes, IL 60088
nmas.fct@navy.mil

All required fields are denoted by an asterisk (*).

CONTACT INFORMATION

*Name: _____

*Address: _____

*City: _____

*State: _____

*Zip Code: _____

*Home Phone: _____

_____ OK to call me here

Cell Phone: _____

_____ OK to call me here

Work Phone: _____

_____ OK to call me here

Email: _____

Email Preferences

The National Museum of the American Sailor likes to keep volunteers informed of important news, schedules, and volunteer opportunities by email; however we will not send you any email you prefer not to receive.

If you would prefer not to receive email from the National Museum of the American Sailor,
please initial here: _____

REFERENCES

Provide three references below. References should be from a person that supervised your work/volunteer/educational experience:

1. Name, Organization/School, Phone Number:

2. Name, Organization/School, Phone Number:

3. Name, Organization/School, Phone Number:

INTERESTS AND AVAILABILITY

Assignment Preference

Please indicate how you would like to volunteer. (Check all that apply):

- ☐ Docent
- ☐ Educational Activities
- ☐ Curatorial
- ☐ Facilities
- ☐ Clerical
- ☐ Visitor Services (Information Desk)

Skills & Interests

Areas of Expertise (Check all that apply).

Skills:

- ☐ Archiving
- ☐ Cataloging
- ☐ Data Entry
- ☐ Historical Research
- ☐ Hospitality
- ☐ Photography
- ☐ Retail

- ☐ IT (Computer Programming, Software Development and Installation)
- ☐ Teaching – Elementary
- ☐ Teaching – Post-Secondary
- ☐ Teaching – Secondary
- ☐ Video Camera Operation

If applicable, please describe your prior military service:

Please use the space below to tell us about your special skills, any foreign languages you may speak, areas of knowledge, and/or interests you may have:

How did you hear about the National Museum of the American Sailor?

What interests you about volunteering at the National Museum of the American Sailor?

Availability

Please let us know when you would be available. (Check all that apply)

☐ Weekdays

Which days and hours: _____

_____ Weekends

Which days and hours: _____

Privacy Notice:

This form requests you to provide information subject to the Privacy Act of 1974 (5 U.S. Code 552a). If you choose to provide your personally identifiable information (PII), such as filling out a form with e-mail and/or postal addresses so that the United States Navy may contact you, your information will only be used to respond to your request. The information you provide will only be shared with another government agency if your inquiry relates to that agency, or as otherwise required by law. Your information will not be given to any private organizations. NMAS never collects information for commercial marketing. While you must provide an e-mail address or postal address for a response, we recommend that you NOT include any other PII, especially Social Security numbers. The Social Security Administration offers additional guidance on sharing your Social Security number. If you have any questions or comments about the information presented here, please contact NMAS staff.

I Agree

I understand and agree that submitting this application does not automatically register me as a National Museum of the American Sailor volunteer and that there may be certain qualifications I must meet, including the acceptance of established volunteer policies and procedures before I may begin volunteering.

By signing this form, I attest that the information provided is true and accurate.

Signature: _____